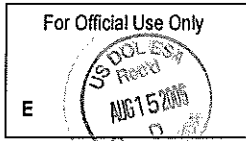


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9337</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Roy</u> <u>A</u> <u>Coulombe</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>32 Cabot Street</u> City <u>Lincoln</u> State <u>Rhode Island</u> ZIP Code + 4 <u>02865</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local 37</u> Labor Organization File Number <u>023-416</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>845 Waterman Avenue</u> City <u>East Providence</u> State <u>Rhode Island</u> ZIP Code + 4 <u>02914</u>
5. Position in labor organization. <u>Industry Analyst/Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Iron Workers Local 37</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Roy A Coulombe On 8/11/05 401-722-8372
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I. W. District Council of New England

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 161 Granite Avenue

City Dorchester

State Massachusetts ZIP Code + 4 02124

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Lunch and Dinner

11.b. Approximate dollar value of such dealing.

\$66

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name American Equipment Rentals

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Fields Point Drive

City Providence

State Rhode Island ZIP Code + 4 02905

14.a. Nature of payment.

Golf and Lunch

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$100

Name of Person Filing Roy Coulombe

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I. W. District Council of New England

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 161 Granite Avenue

City Dorchester

State Massachusetts ZIP Code + 4 02124

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Lunch and Dinner

11.b. Approximate dollar value of such dealing.

\$84

12.a. Nature of interest held or income received.

12.b. Amount.

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Delta Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1517

Street

City Providence

State Rhode Island

ZIP Code + 4 02901

14.a. Nature of payment.

Lunch and Golf

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.